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**APPLICANTS**

SCOTT E. MANZO, SHELTON, CT;  
 PETER W. J. HINCHLIFFE, NEW HAVEN, CT;  
 KEVIN SNIFFIN, DANBURY, CT;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CT	3	25	4

**ADDRESS**

UNITED STATES SURGICAL  
 A DIVISION OF TYCO HEALTHCARE GROUP, LP  
 150 GLOVER AVENUE  
 NORWALK, CT06856

**TITLE**

GRAFT ATTACHMENT ASSEMBLY

FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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